No. 2
1-10-39
-17-39
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FILED DEC 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38203

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1239

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town Saint Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 South 14th. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 24 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Buchanan
(c) City or town Saint Joseph.
(If outside city or town limits write "RURAL")
(d) Street No. 210 South 14th. Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ______ years.

3. (a) PRINT FULL NAME Charles Willis Allen.
3. (b) If veteran, name war None.
3. (c) Social Security No. 491-09-2698
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Florence Allen.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 25, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	1	___ hr. ___ min.

9. Birthplace Richardson County, Nebraska. (City, town, or county) (State or foreign country)
10. Usual occupation Watchman.
11. Industry or business Office Building.
FATHER
12. Name Silas W. Allen.
13. Birthplace Unknown. New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Celina Dingman.
15. Birthplace Unknown. Wisconsin. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Chas. W. Allen
(b) Address 210 So.14th. Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Belmont Cemetery.
18. (a) Signature of funeral director Heaton-Pickel-Bowman Funeral Home
(b) Address 319 So.10th. Street.
19. (a) 11/27/40 (Date received local registrar) (b) H J [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th. year 1940 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from March 28, 1940 to Nov 26, 1940; that I last saw him alive on Oct 17-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Pulmonary Haemorrhage — Duration: Few minutes
(2) General Emaciation
Due to (3) Arrested Tuberculosis Pulmonary (approx) 7 yrs.
Due to
(1) Haemorrhage probably due to [illegible] of scar tissue & [illegible]
Other conditions (Include pregnancy within 3 months of death)
Both lungs filled with [illegible]
Major findings: Of operation
Of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm B. [illegible] M.D. (M. D. or other)
Address Kirkpatrick Bldg Date signed 11-26-40

ST. JOSEPH

(Licensed Embalmer's Statement on Reverse Side)

Post-Mort

MAR 11 194[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 11-26-4[illegible]

...., Registered Apprentice No.................

working under my personal supervision.

Signed [illegible signature]

Licensed Embalmer No. [illegible]

P. O. Address 319 So 10 St Joseph [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.